

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14013

FILED JUL 5- 1951

BIRTH NO. 73169-50 REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5496 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Grant Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Grant Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD Ridgeway, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>RFD Ridgeway, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Wayne</b> c. (Last) <b>DeGraw</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 7, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>November 4, 1950</b>
9. AGE (In years last birthday) <b>9 days</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b> Hours <b>3</b> Min.	11. BIRTHPLACE (State or foreign country) <b>Grant Twp., Harrison Co., Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>Grant Twp., Harrison Co., Mo.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Floyd Wayne DeGraw</b>		13b. MOTHER'S MAIDEN NAME <b>Vivian Frances Simpson</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Wayne DeGraw</b> ADDRESS <b>Ridgeway, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Pneumonia</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Very weak, was unable to take food.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-4**, 19**50**, to **11-7**, 19**50**, that I last saw the deceased alive on **11-6**, 19**50**, and that death occurred at **10:15pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. M. Phipps</b> (Degree or title) <b>D. O. &amp;</b>		23b. ADDRESS <b>Bethany, Missouri</b>		23c. DATE SIGNED <b>11/8/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 8, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zoar Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Cainsville, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>June 29, 1951</b>		REGISTRAR'S SIGNATURE <b>L. A. Brewer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. H. Clark</b> ADDRESS <b>Cainsville, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410

1950



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, per/ly

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Eddie J. Stoklasa

Signed.....  
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.